**Please return a signed original hard copy to**

**Office of Technology Commercialization, EINNV 1.166**

**University of Texas Rio Grande Valley (UTRGV)**

**Office of Technology Commercialization (OTC)**

**Invention Disclosure Form for (IDF) Tangible Material**

**Please read this section before completing this form, and contact us with any questions.**

1. **The information provided using this form should be as complete as possible.** Please complete each section of the document. If certain questions or statements do not apply, please state “N/A” or “None.” Please provide as much detail as possible, including attaching supporting documents, draft manuscripts, research reports, presentations, etc. **\*Please note\***: our office cannot review incomplete/unsigned IDFs, or materials submitted without this form (e.g., just a copy of a manuscript). We will return such IDFs to you for completion and resubmission.
2. **Public disclosures** (such as publication of a paper, oral or poster presentation at a conference, invited talk, student thesis defense, discussions with non-UTRGV affiliated parties without a non-disclosure agreement in place, etc.) have a negative impact on one’s ability to secure intellectual property (IP) rights. In some cases, IP rights may be irretrievably lost due to a prior public disclosure. \***Important\***: Ideally, the IDF should be submitted to OTC before any public disclosures of the technology are made. An example of good timing would be submitting your IDF simultaneously with submitting a manuscript for review, rather than submitting the IDF after the paper is published online. If you are planning to publish or present your technology, please make sure to inform our office well in advance of any upcoming deadlines. It is very difficult to accommodate last-minute requests.
3. **Submission of a completed, signed IDF** is a first step in disclosing your invention to UTRGV. Our office will stay in touch and guide you through the entire process. **\*Please note\***: Submission of an IDF does not mean your technology is protected and has a patent pending status! It is protected/has patent pending status only if and when an actual patent application is filed.
4. **One original hard copy of the IDF signed in ALL necessary places by ALL contributors** must be delivered to OTC, at LAMR.E 2.103, Edinburg campus, either in person or by campus mail. (We are required to have an original signed hard copy in our files.) In addition, an electronic version of your IDF and all supplementary materials should be emailed to OTC@utrgv.edu.
5. You can reach us by phone or email, or schedule an appointment in person:

Office of Technology Commercialization

EINNV 1.166

Email: OTC@utrgv.edu

Checklist for submission:

* All sections of the form filled out. Include supporting documents and expand section to be as complete and detailed as possible.
* Form signed (in all places needed) by ALL contributors to the project.
* Inventors’ page completed for each inventor
* Assignment of Rights page signed by UTRGV inventors only.
* Electronic copy of IDF and all supporting information emailed to OTC.

UTRGV IDF #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(To be completed by OTC)

**Name of the material (please limit to approximately 100 characters, including spaces):**

**Section 1 - Description of the Invention**

* 1. Is the Material related to a previous technology disclosed to OTC? Please describe, if so.

**Intellectual Property Description** (If you need more room for any item, please attach a separate page.)

* 1. Please indicate the type of Material by checking the appropriate box below:

 \_\_\_\_\_ Antibody-Monoclonal \_\_\_\_\_ Antibody-Polyclonal

 \_\_\_\_\_ Protein/Peptide \_\_\_\_\_ Animal Model \_\_\_\_\_ Other Tangible

1.3a. Describe the nature and purpose of the Material you are disclosing.

* 1. Biological Material detail:

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| --- | --- |
| **Antibody** | \_\_ Monoclonal (answer items a) – j) below) \_\_Polyclonal (answer items c) – k) below) |
| a) Clone: | Species:  |  |
| b) Immunogen  | Please describe species, amino acids included, protein tags, other modifications: |  |
| c) Hybridoma | Species immunized, myeloma parent, clone number, produced as: |  |
| d) Antigen/epitope recognized: |  |
| e) Immunoglobulin isotype: |  |
| f) Species reactivity: |  |
| g) Purification method: |  |
| h) Concentration, and how measured: |  |
| i) Please list optimal concentrations for applications tested: |  |
| j) Amount available: |  |
| k) Species immunized: |  |
| **Protein/Peptide** |
| a) Name(s) of protein/peptide:  |  |
| b) Describe the protein sequence: amino acids included, protein tags, other modifications, molecular weight: |  |
| c) Origin/purification method: |  |
| d) Purity/form/storage: |  |
| **Animal Model** |
| a) Name of model in standard nomenclature: |  |
| b) Background strain(s): |  |
| c) Targeted gene(s): |  |
| d) Genotype details (transgene, targeted mutation, inducible): |  |
| e) Describe how the strain was produced and the origin of the materials used: |  |
| f) Describe the phenotype observed: |  |
| g) Are breeding pairs available? If yes, please list housing requirements, if any:  |  |
| **Other tangible materials (such as cell line/reagent/chemical/plasmid/engineering material)** |
| Describe the material, how it was created, and the amount available: |  |
| **Material history (Please provide your best estimate for the date when the following events occurred or will occur)**  |
| Date Material was created, and where this date is documented:  |  |
| Amount of the Material that is available:  |  |
| Has the Material been described in any publication, or any presentation to the public?  |  \_\_\_ Yes \_\_\_ No |
| If “Yes” above, describe the disclosure(s) (with date(s)) and attach any related files (manuscripts, articles, presentations, other): |  |
| Please describe any future/upcoming disclosures, giving any anticipated publication or public oral disclosure date and/or any submissions made for publication:  |  |
| **Commercialization potential**  |
| Have you received requests for the Material? How many, approximately? Were these requests from commercial requestors? |  |
| List any elements or features of the Material you believe to be novel or unique: |  |
| What are the advantages of the Material over present technologies? How is it different from and superior to existing materials? |  |
| Choose the likely potential therapeutic application area(s) for this Material:  | \_\_ Analgesic \_\_ Cardiovascular \_\_Infectious disease \_\_ Developmental biology/stem cell \_\_ Inflammatory/immune\_\_ Metabolic disorders \_\_ Neuroscience \_\_ Oncology\_\_ Ophthalmology \_\_ Research reagent \_\_ Engineering material\_\_ Other |
| If “other” above, describe:  |  |
| Is the Material derived from human tissue or samples: Please explain briefly:  |  |
| Describe the current developmental stage of the Material (e.g., conceptual, tested in experiments or computer simulations, working prototype, etc.): |  |
| Is work on the Material continuing? Please indicate the nature of any work yet to be done and how long it may take. |  |
| Please describe the necessary resources to continue the work described above, and whether/how they are available: |  |
| Describe the milestones you have reached that would trigger commercial interest:  |  |
| **Commercialization contacts (i.e., potential licensees such as companies, investors, or entrepreneurs that may be interested in commercializing the Material)** |
| Contact name, company name, and contact information: |  |
| Contact name, company name, and contact information: |  |
| Contact name, company name, and contact information: |  |
| Contact name, company name, and contact information: |  |

**Section 2 – Reporting**

**Materials from Another Source**

2.1 If a material from a secondary source is incorporated or was used in the research that led to the development of the invention, was this material obtained from some source other than your laboratory? (Choose one) \_\_\_\_Yes \_\_\_\_No

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| --- | --- |
| If any material or equipment was provided by a secondary source, please provide details:  |  |
| Was a material transfer agreement signed? | \_\_\_ Yes \_\_\_No |
| Describe the material and the place from which the material was obtained (name of company/University of Texas laboratory/other laboratory/institute/other): |  |

**Export Control:**

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| Is the Material likely to have any export control sensitivity?\*  | \_\_\_ Yes \_\_ No |
| \*Please check “yes” if you believe the invention may be subject to controlled disclosure under the United States Munitions List (defense and weaponry, explosives, spade, national security, and/or biological materials to either protect against or cause biological/chemical warfare) or the Commerce Control List (Categories: 0=Nuclear materials, facilities and equipment; 1=Materials, chemicals, microorganisms and toxins; 2=Material processing; 3=Electronics; 4=Computers; 5=Telecommunications and information security; 6=Sensors and lasers; 7=Navigation and avionics; 8=Marine; 9=Propulsion systems, space vehicles and related equipment). Visit our Export Controls page for more information, and call us if you require further assistance in making this determination.  |

**Funding Information**

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| If you received full or partial support during any stage of your research resulting in the invention, or if you have acknowledged or plan to acknowledge a funding source in a publication or grant progress report in which you describe the invention, please indicate all sources of your funding by checking the appropriate category or categories below. If you were not funded, please check None.  \_\_\_ Federal \_\_\_\_ Foundation \_\_\_\_ Industry \_\_\_\_ State \_\_\_\_ Other \_\_\_\_ None |
| If you checked any category other than None above, please identify below each funding source’s name and each corresponding grant, contract, or award number/ID in the corresponding column. (Please do not list UTRGV account numbers as Grant/Contract/Award numbers.) |
| Source name (list primary funding source first) | Grant/Contract/Award Number/ID | Principal investigator |
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**Section 3 - Percent Contribution Allocation**

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| Please list the name of the corresponding inventor here (i.e., the inventor who is to have primary contact with OTC):  |  |
| List ALL inventors (including non-UTRGV inventors) and the percentage of their contribution below. Use percentage of contribution at the time of this disclosure. Contribution should reflect each inventor’s contribution to the concepts of the invention and be agreed to by all inventors. (If inventors cannot agree on percentages, UTRGV will assume equal distribution.) Inventorship has a specific meaning under patent law, and will be finally determined by UTRGV’s legal counsel in accordance with applicable patent laws if UTRGV proceeds with patent filing. UTRGV understands that contributions may fluctuate as the technology is developed. |
| **Inventor (name)** | **% contribution** | **Inventor’s institution (if not UTRGV)**  |
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**Section 4 Assignment of Rights**

**Please enter name of the material here:**

***To be signed by UTRGV inventors only.***

I (we) hereby certify that all of the information set forth in this disclosure is true and complete to the best of my (our) knowledge. I (we) have also specifically reviewed and agree with the percent allocations as set forth in Section III above.

In consideration of employment by the University of Texas Rio Grande Valley (UTRGV) and receipt of a share of licensing revenues from the commercialization of inventions by UTRGV, I (we) agree to assign and hereby do assign, sell, and transfer to the Board of Regents of The University of Texas System, or in the event of a prior assignment agreement, I (we) hereby confirm the prior assignment of all of my (our) right, title, and interest to this intellectual property to the Board of Regents of The University of Texas System and agree to execute any additional documents as requested to effect or support assignment to the Board of Regents of The University of Texas System of all my (our) rights to any patent application or copyright filed on this intellectual property pursuant to the policies of the Board of Regents of the University of Texas System and the UTRGV policies on intellectual property.

I (we) agree to cooperate with UTRGV and the Office of Technology Commercialization in the protection and commercialization of this intellectual property. UTRGV will share any royalty income derived from this intellectual property with the inventor(s) according to the policies of the Board of Regents of the University of Texas System, UTRGV, and the Office of Technology Commercialization.

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| Inventor signature and date | Inventor name printed  |
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Signature of UTRGV representative:

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Fernando Gonzalez

Director of Technology Commercialization

**Section 5 - Inventor(s) Information**

Feel free to make physical copies of a blank page if needed if more than six inventors contributed to the conception or reduction to practice of the invention.

|  |
| --- |
| **Inventor #1** (a separate page must be filled out by each UTRGV inventor) |
| Invention Title:  |
| Inventor Name: |
| Position: | Employee number:  |
| Citizenship/Visa status:  | UTRGV online username |
| Primary phone number:  | Home address\*: |
| UTRGV email: | Alternate email\*:  |
| Describe the nature of your contribution |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment\_\_\_\_\_ Dually appointed\_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please choose “yes” or “no” for the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ NoIf you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

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| **Inventor #2** (a separate page must be filled out by each UTRGV inventor) |
| Invention Title:  |
| Inventor Name: |
| Position: | Employee number:  |
| Citizenship/Visa status:  | UTRGV online username |
| Primary phone number:  | Home address\*: |
| UTRGV email: | Alternate email\*:  |
| Describe the nature of your contribution |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment\_\_\_\_\_ Dually appointed\_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please check the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ NoIf you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

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| **Inventor #3** (a separate page must be filled out by each UTRGV inventor) |
| Invention Title:  |
| Inventor Name: |
| Position: | Employee number:  |
| Citizenship/Visa status:  | UTRGV online username |
| Primary phone number:  | Home address\*: |
| UTRGV email: | Alternate email\*:  |
| Describe the nature of your contribution |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment\_\_\_\_\_ Dually appointed\_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please check the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ NoIf you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

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| **Inventor #4** (a separate page must be filled out by each UTRGV inventor) |
| Invention Title:  |
| Inventor Name: |
| Position: | Employee number: |
| Citizenship/Visa status:  | UTRGV online username |
| Primary phone number:  | Home address\*: |
| UTRGV email: | Alternate email\*:  |
| Describe the nature of your contribution |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment\_\_\_\_\_ Dually appointed\_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please check the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ NoIf you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

|  |
| --- |
| **Inventor #5** (a separate page must be filled out by each UTRGV inventor) |
| Invention Title:  |
| Inventor Name: |
| Position: | Employee number:  |
| Citizenship/Visa status:  | UTRGV online username |
| Primary phone number:  | Home address\*: |
| UTRGV email: | Alternate email\*:  |
| Describe the nature of your contribution |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment\_\_\_\_\_ Dually appointed\_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please check the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ NoIf you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

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| **Inventor #6** (a separate page must be filled out by each UTRGV inventor) |
| Invention Title:  |
| Inventor Name: |
| Position: | Employee number:  |
| Citizenship/Visa status:  | UTRGV online username |
| Primary phone number:  | Home address\*: |
| UTRGV email: | Alternate email\*:  |
| Describe the nature of your contribution |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment\_\_\_\_\_ Dually appointed\_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please check the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ NoIf you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

Non-Proprietary Description

Title:

Non-confidential Description:

Advantages/Special Characteristics

Applications:

Suggested Key Words: